ETITION FOR EXTENSION OF		•	Docket	is if displays a valid OMB control number No. (Optional) HO-P01896US0
	In re Appli	cation of Walter	/. Klemp	
	Application	Number 09/418,902	File	d October 15, 1999
		SPOSABLE ABSORI	BENT ARTICLE	WITH CONTAINMENT
	Art Unit	3761	Examiner	Michele M. Kidwell
his is a request under the provisions dentified application.		•	•	
he requested extension and approp	riate non-sm	all-entity fee are as to	ollows (check tir	
x One month (37 CFR 1.17	7(a)(1))			\$ 110.00
Two months (37 CFR 1.1	17(a)(2))			\$
Three months (37 CFR 1	1.17(a)(3))	•		\$
Four months (37 CFR 1.	.17(a)(4))			\$
Five months (37 CFR 1.	17(a)(5))	· .		\$
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PTO/SB/17 (08-03)
Approved for use through 07/31/2008. OMB 0851-0032
Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL  for FY 2003  Effective 01/01/2003, Patient fees are subject to annual revision.  Application Number				
Filing Date  First Named Inventor  Applicant claims small entity status. See 37 CFR 1.27  OTAL AMOUNT OF PAYMENT  (\$) 110.00  Attorney Docket No. HO-P01896  METHOD OF PAYMENT (\$) 110.00  Check Card Meney Other None  Charge Evels indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  X Charge Re(s) indicated below X Credit any overpayments  Total Claims  FEE CALCULATION  1003 150 150 150 150 150 150 150 150 150 150	Complete if Known			
Filing Date  Find Paper  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  OTAL AMOUNT OF PAYMENT  (\$) 110.00  Attorney Docket No. HO-P01896  METHOD OF PAYMENT (check all that apply)  Check Card Money Other None  Tulbright & Jaworski L.L.P.  Deposit Account  Number  Fullbright & Jaworski L.L.P.  1051 130 2051 65 Surcharge - Late fling fee Code (6) Code (8) Co				
First Named Inventor Walter V. K.  Examiner Name Michele M.  Art Unit 3761  Applicant claims small entity status. See 37 CFR 1.27  OTAL AMOUNT OF PAYMENT (\$) 10.00  METHOD OF PAYMENT (check all that apply)  Check Card Money Other None Code (\$) 2052  Charge Entity Small Entity  Charge sary additional fee(s) during the pendency of this application  Charge sary additional fee(s) during the pendency of this application  Charge sary additional fee(s) during the pendency of this application  Charge fee(s) indicated below. Account to the above-identified deposit account.  FEE CALCULATION  1 BASIC FILING FEE Large Entity Small Entity  Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	October 15, 1999			
Effective 01/01/2003, Patient fees are subject to annual revision.  Applicant claims small entity status. See 37 CFR 1.27  AT Unit: 3761  Art	emp			
Applicant claims small entity status. See 37 CFR 1.27  OTAL AMOUNT OF PAYMENT  (\$) 110.00  Attorney Docket No.  HO-P01896  METHOD OF PAYMENT (check all that apply)  Check Credit Money Other None Check Credit Money Other Money Other None Check Credit Money Other Money Other Money Other None Check Credit Money Other Money Other Money Other Money Other None Check Credit Money Other Mo	(idwell			
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Deposit Account Fulbright & Jaworski L.L.P.  Name The Director is authorized to: (check all that apply)  X Charge fee(s) indicated below X Credit any overpayments  Charge eny additional fee(s) during the pendency of this application  Charge fee(s) indicated below X Credit any overpayments  Charge fee(s) indicated below Accept for the filing fee to the above-identified deposit account.  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below X Credit any overpayments  Charge eny additional fee(s) during the pendency of this application  Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below X Credit any overpayments  The Director is authorized to: (check all that apply)	tion	Fee Paid		
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	te (if applicable))			
	те (713) 651-5	301		
(Attorney/Agent)	August 267			
Name (Print/Type) (Alberto C. Tale	August 20.			

I hereby certify that this correspondence is being facsimile fransmitted to the Patent and Trademark Office, facsimile no. (703) 305-3590, on the date shown below. Dated: August 27, 2003